

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90030 028 ****61.25



DOCUMENT # N17828

1. Entity Name

WATERFORD ISLE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O J & L PROPERTY MGMT., INC.
 10191 WEST SAMPLE ROAD
 CORAL SPRINGS FL 33065

Mailing Address

C/O J & L PROPERTY MGMT., INC.
 10191 WEST SAMPLE ROAD
 CORAL SPRINGS FL 33065

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

City & State

4. FEI Number

59-2564214

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALDERAZZO, JAMES
C/O J&L PROPERTY MANAGEMENT, INC.
10191 W SAMPLE ROAD
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
 NAME **FINKEL, MIKE**
 STREET ADDRESS **8453 NW 78TH COURT**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **PS** Delete
 NAME **KELMAM, FLO**
 STREET ADDRESS **8435 NW 78 CT.**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** Delete
 NAME **ALORRO, RUTHANNE**
 STREET ADDRESS **8429 NW 78TH COURT**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **TD** Delete
 NAME **ABRAHAMS, BERNICE**
 STREET ADDRESS **7878 NW 84 TERR**
 CITY-ST-ZIP **TAMARAC FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Change Addition
 NAME **NEYENHOUSE, PETER**
 STREET ADDRESS **8443 NW 78th Ct.**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **D** Change Addition
 NAME **DI RENZO, PETER**
 STREET ADDRESS **8441 NW 78th Ct.**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **D** Change Addition
 NAME **DAVIDSON, CHARLES**
 STREET ADDRESS **8435 NW 78th Ct.**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **D** Change Addition
 NAME **WOOD, GARY**
 STREET ADDRESS **8428 NW 78th Ct.**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNICE ABRAHAMS *Bernice Abrahams* ^{2/22/04} ⁹⁵⁴ ^{726 6864}
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #